



STOP PAYMENT REQUEST/VERIFICATION

BANK OF NORTH DAKOTA
SFN 18492-007 (07/06)

*** Unless this information is correctly stated, Bank of North Dakota assumes no responsibility for stopping payment.**

This is (check one of the following):

- ☐ A stop payment request where there has been no prior oral or written request
☐ A verification of an oral stop payment request
☐ A verification of a written stop payment request

Customer requesting/verifying stop payment

*Account Number

*Amount

Reason for Stop Payment

Name and Address

CHECK TO BE STOPPED

*Check Number

*Date of Check

Payee

ACH (AUTOMATIC) ITEM TO BE STOPPED

*Date of Withdrawal

* Stop one payment only.
If permanent cancel
complete 19300-007

Originating Company

Daytime Phone Number

The Stop Payment Request/Verification is governed by the following conditions:

1. An oral stop payment request (not signed by customer ordering stop payment) is binding upon BND only for 14 calendar days unless confirmed in writing within this period. A written order is binding upon BND for 6 months unless renewed in writing, 30 days for a one time ACH entry.
2. BND shall be bound only to exercise good faith and ordinary care in the observation of this order.
3. BND shall have a reasonable time after the receipt hereof as to afford BND a reasonable opportunity to act on it prior to any action by BND with respect to such item.
4. BND is authorized to charge and the customer ordering stop payment agrees to pay the applicable service charge as in effect from time to time for the placing of this order. No service charge will be made if the check is paid by BND.
5. The customer making this request agrees to reimburse BND for all costs, expenses, or damages it may incur or suffer by refusing payment of the above described check as allowed by law. The customer making this request agrees to

By signing below and returning the original to BND within 14 days, the party requesting stop payment verifies the above stated information and authorizes BND to extend the expiration date of the Stop Payment Request.

Signature

Date

YOU MAY RELEASE THIS STOP PAYMENT BY SIGNING BELOW.

Signature

Date

Input Date/Date Received	Time	Sequence	Input By	Expiration Date
Fee Assessed/Date				